



MAY 0 7 2001

DOUBLAS

For filing with Ecology or with County Conservancy Boards

## A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS APPLICATION

Check all that apply.) Change purpose(s) of use Add purpose(s) of use Change point(s) of diversion/withdrawal Add point(s) of diversion/withdrawal Change/transfer place of use Other (i.e. consolidation, intertie, trust water)  Explain: **IF MORE SPACE IS NEEDED, ATTACH ADDI	F	CHANGE No. CS4-SIX STATE ACCEPTED OS CHECK No. 2560  SEPA: Exempt   EETS (PLEASE PRINT OR	574 WRIA 44 08, 01 BY 50 0 5, 7, 01 Not exempt
1. Applicant Information:			
APPLICANT/BUSINESS NAME		PHONE NO.	FAX NO.
HEINICKE ORCH		(504) 682-0258	(509) 682 0418
ADDRESS RO. Box 3067			
Wenatchee		STATE WA	ZIP CODE 9 88 67
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.
Don R Heinicke		(509) 663-7323	
ADDRESS 2110 I one			
CITY Wenatchee		STATE WA	ZIP CODE 98801
2. Water Right Information:			
WATER RIGHT OR CLAIM NUMBER	RECORDED	NAME(S)	
WATER RIGHT OR CLAIM NUMBER SWC 574	KECORDED	Foster &	+ Schultz
DO YOU OWN THE RIGHT TO BE CHANGED? YES			
IF NO, PROVIDE OWNER(S) NAME: Dennis Eva	ins		
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FI	IVE (5) YEARS	? XYES □ NO	
See change a pplication for Please attach copies of any documentation that dem was established. Also, if you have a water system plapplication.	nonstrates of	consistent, historical us ervation plan, please ir	se of water since the right nclude a copy with your
FOR OFFICE APP. NO. 1408 PERMIT NO. 653 CER	T. NO. 5	5wC579 LY 79 CERT. OF CHANG	GE NO

Emergency Drought Action

## 3. Point(s) of Diversion/Withdrawal:

A	geno		4 =		
Α.	Ex	110	TI	n	a
			. 61		9

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Lake Chelan		Govt	Lut#1	8	27N	22E	272217126210	

#### B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Columbia River		NW	NW	6	26N	23E		****
1000	f+	wes	++1	000 +	C+ South	of 1	IF 14 Corner of	Sec 6
DO YOU OWN THE EXISTING AND F	PROPC	SED PO	INT(S) C	F DIVERS	ION/WITHD	RAWAL?		
EXISTING: YES NO P	ROPOS	SED:	YES D	NO-IF	NO, PROVII	DE OWNER	R(S) NAME:	

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

# 4. Purpose of Use:

## A. Existing

PURPOSE OF	USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
rrigation	6.3A	.02/A	4Aft/A	Apr. 11- NN1
V				

#### B. Proposed

PURPOSE OF	USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
may extion	6,3 A	0.02/A	4Aft/A	April 2 - Nov 1

## 5. Place of Use:

## A. Existing

24	See	17	NE	44	TOON	22 E	Parcel	1-1-0600
6.	3 A							
							_	
1/4	1/4	SEC.	TWP.	RGE.	COUNTY		PARCEL#	# OF ACR

#### B. Proposed

					ANDS WHERE NEW US		
6.3 F	1 - T	hose	arts	as a	parajete f	or 10 fields	identifie
ind	ler c	hong	2 0	pplicati	ion S3-	20 692 C	
	1 44	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRE
1/4	1/4	020.					



Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

UND - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks	and Other	Relevant Ir	nformati	on:		
This	water	w.11	be	trons ferreel	along	with
that	in	54-2	-7340		6	
IF FOR SEASONAI	L OR TEMPORA	RY, START DATE	04,01	101 END DATE 11 , 01	101	

## 7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

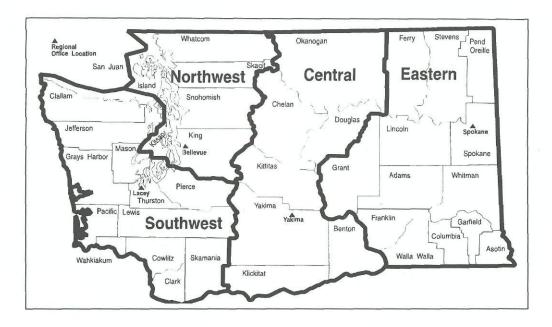
Applicant)	May (	1,2001
Refer to S320682c for	(Bate)	
original signature - (Water Right Holder)	/	
Refer to \$3206826 for	[- 111]	
original Signature	/	/
(Land Owner(s) of Existing Place of Use) (Da	te)	

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION	N FOR THE FOLLOWING REASON	I(S):
☐ APPLICATION FEE NOT ENCLOSED	☐ MAP NOT INCLUDED or INCOM	MPLETE
☐ ADDITIONAL SIGNATURES REQUIRED	□ SECTION IS INC	OMPLETE
OTHER/EXPLANATION:		
STAFF:	DATE:/_	/_

#### **IMPORTANT!**

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology Central Regional Office 15 W. Yakima Avenue, Suite 200 Yakima, WA 98902 Telephone: (509) 575-2490

Department of Ecology Northwest Regional Office 3190 – 160<sup>th</sup> Avenue SE Bellevue, WA 98008-5452 Telephone: (425) 649-7000 Department of Ecology Eastern Regional Office N. 4601 Monroe, Suite 202 Spokane, WA 99205-1295 Telephone: (509) 456-2926

Department of Ecology Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 Telephone: (360) 407-6300

Persons of disability needing assistance in the application process or those needing this application in an alternate format, may call (360) 407-6607 (voice) or (360) 407-6006 (TDD).

Ecology is an Equal Opportunity and Affirmative Action employer...